# Overcoming Cultural Barriers and Improving Care for Transgender Patients

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#### **Professional Development on Transgender Issues**

How to overcome cultural barriers and improve care for transgender patients

### **Learning Objectives**

 Have a basic understanding of the transgender medical condition and history

 Awareness of the cultural barriers that create health disparities within the transgender community

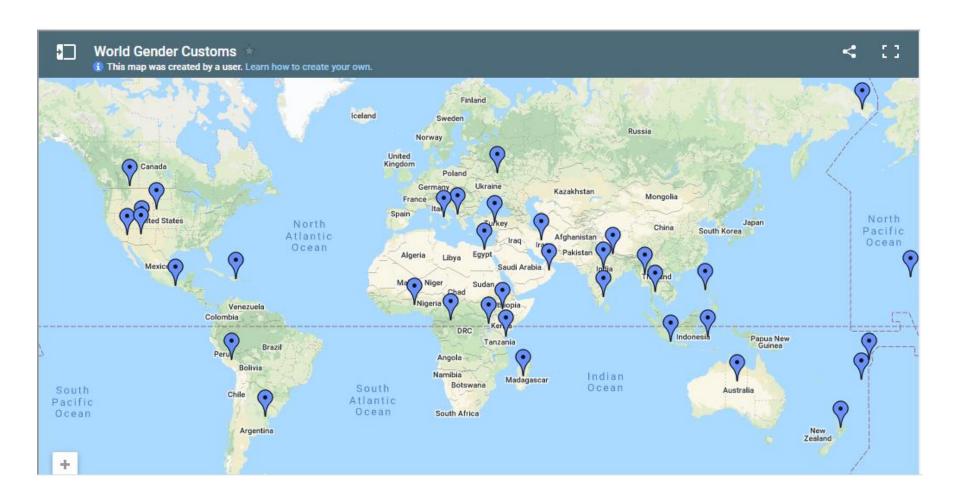
 Be able to effectively build trust with the transgender community

### Representation

Think of the last thing you remember seeing that talked about transgender people. (television, news article, book, etc)

# How long have queer people been around?

# PBS Gender Map



#### **Demographics**

- 9% of youth identify as Lesbian, Gay, or Bisexual
- 1.8% of youth identify as transgender
- 1.7% of youth are intersex

That means the queer community makes up slightly more than 10% of the Population!

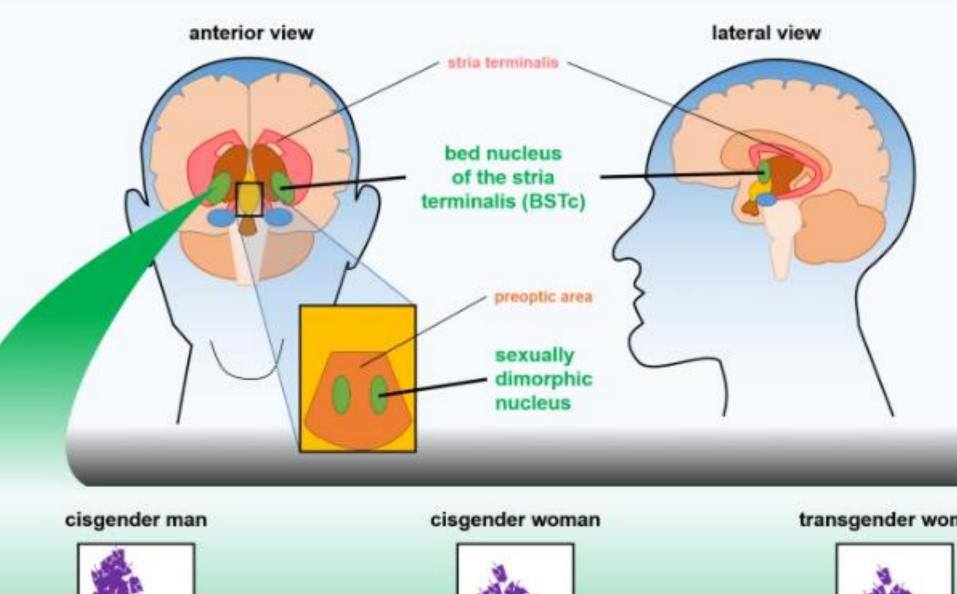
#### **Transgender and Cisgender**

- Trans is latin for "Out of Alignment"
- Cis is latin for "In Alignment"
- Transgender means someone whose sex assigned at birth is out of alignment with their gender identity
- Cisgender means someone whose sex assigned at birth is in alignment with their gender identity.

How long have we been treating the trans condition medically?

# Being Transgender is not a mental illness according to all major medical organizations, including the World Health Organizations

- 1. How would thinking it's a mental illness impact care?
- 2. Can you be sure your co-workers understand this?









# What does it feel like to be transgender?

# **Cultural Barriers**The Trust Deficit

#### **Healthcare Statistics**

(33%) did not see a doctor because of cost.

(23%) of respondents, in the last year, did not see a doctor when they needed to because of fear of being mistreated as a transgender person.

(33%) of respondents who had seen a health care provider in the past year reported having at least one negative experience related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.

- (15%) were asked unnecessary or invasive questions about their transgender status that were not related to the reason for their visit.
- (3%) refused to give them care not related to gender transition (such as physical or care for the flu or diabetes)

(25%) of respondents experienced a problem with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition.

#### **Healthcare Statistics for Youth**

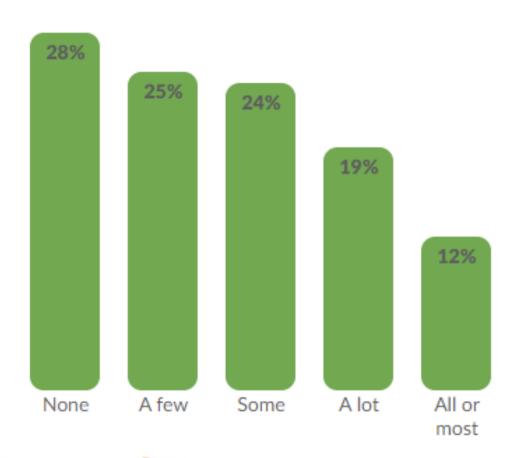
### Suicide Statistics For Queer Youth in North Dakota (Youth Risk Behavior Survey - 750 Total respondents)

- Have you Ever Seriously Consider Suicide 61.6%
- Have you Ever Made a Plan 48.5%
- Have you Ever Attempted Suicide 33.3%

#### **Trends**

- More likely to miss school, have worse grades, and drop out
- More likely to experience homelessness
- 2x more likely to be bullied
- 3x more likely to experience sexual coercion
- 3x more likely to experiment with illicit substances and try them in higher quantities

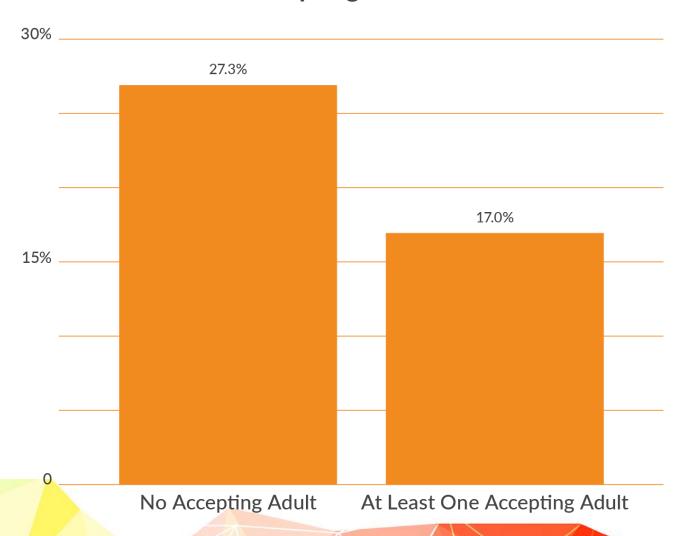
Youth who attempted suicide, comparison of number of people who respected their pronouns:



# **Tools for Process Improvement**

**How to Build Trust** 

# Suicide Attempt Rate Among Those with Accepting Adults



#### **Best Practices for Pronouns**

#### **Personal Practices**

- Include your pronouns somewhere in your office, classroom, and email
- Introduce yourself and your pronouns during introductions

#### For Examine Room

- Make introducing pronouns part of introduction/getting to know each other exercises.
- It's okay to assume if someone is sending a strong message

#### If you get Pronouns Wrong

- Correct yourself and move on
- Don't make a big deal out of it or pretend it didn't happen

#### **Best Practices for Care**

#### **Five Keys to Service**

http://www.ovc.gov/pubs/forge/tips\_five\_keys.html

#### 1. Don't Categorize; Use Your Client's Terms

Always use the labels and pronouns they identify as

#### 2. Know Why You're Asking, and Explain Why

 Only ask question relevant to the care or programs they are recieving and be able to answer why you're asking that question

#### 3. Consider the Whole Person

 A Transgender person's "trans-ness" is only one aspect of them, consider the whole of their race, class, family history, and life style when treating them.

#### 4. Partner With Your Client

 Transgender people often know their what makes them comfortable and can educate you in what is right for their treatment.

#### 5. Manage Your Curiosity

 Also consider whether you would ask a non-transgender client the same question—or how you would feel if someone asked you the question you want to know.

#### **Best Practice for Your Practice**

#### **Principles of Inclusion**

#### Environmental

- Is there anything in your organization specifically welcoming queer people?
- Is there anything on your website specifically welcoming or identify that you serve and affirm queer folk?
- Is there anything in your environment that would negatively impact queer individuals?

#### Process

- Do your documents allow for identifying preferred name and pronoun
- Does your case management system allow for this?
- Will a patient be called the correct name in the lobby?
- Will documentation allow all staff to correctly name/pronoun the patient throughout the process?

#### Policy

- Do queer individuals have any protections in your policy?
- Do your employees have the ability to transition seamlessly at your organization?
- Does your insurance cover trans related services?

# **Assessing Sexual Health**

- Be mindful of gendered language
  - O Exp: A patient states they have a girlfriend. Do not assume this means they are sexually active with a person who has a uterus
- Do not ask questions just because you are curious
- Transgender and genderfluid individuals are at higher risk for HIV/STIs

## **Assessing Overall Health**

- Do not assume acute or chronic symptoms are due to hormones or gender identity
- Testing and screening is based on anatomy, age, risk factors, etc
- Transgender individuals are higher risk for substance use

## **Patient Experiences**

- A pharmacy tech called me a "fag."
- I heard the nurses laughing at me from the hallway saying that I wear a "corset."
- I am a nurse and had an ER doctor tell me, when talking about a trangender patient, "I don't know if I can treat this person. I don't understand why people can't be happy with the way God made them."
- My doctor told me I am going to get liver cancer if I stay on hormones.

## **Case Studies and Examples**

- "A 24 year old transgender male came into our clinic for a yearly exam and STD testing. I did not ask him about his PAP history because my supervisor told me that he wouldn't want one due to his dysphoria." -NP Student
- "A trangender female patient told me that she had a girlfriend. I was curious to how that worked so I asked her, "so do you consider yourself a lesbian or are you straight?" -NP

# Questions ?